

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	HL		5-31-01
<b>O.I.P.E. CLASSIFIER</b>		8	6-12-01
<b>FORMALITY REVIEW</b>	MW	920	07-24-01
<b>RESPONSE FORMALITY REVIEW</b>	SG	1077	3-20-02

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
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Original	5/19/01
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If more than 150 claims or 10 actions  
staple additional sheet here

545  
9/28/01

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